



U.S. DEPARTMENT OF STATE
**APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD
OF A CITIZEN OF THE UNITED STATES OF AMERICA**

OMB NO. 1405-0011
EXPIRES: 09/30/2006
Estimated Burden: 20 Minutes*

A. THIS SECTION TO BE COMPLETED BY APPLICANT.

Please Type or Print Neatly in Blue or Black Ink.
See Instructions on Reverse Side.

1. NAME OF CHILD IN FULL (First) (Middle) (Last)		2. SEX <input type="checkbox"/> M <input type="checkbox"/> F	18. Serial No. _____ Date Issued (mm-dd-yyyy) _____ Approved by _____ FS Post _____
3. DATE OF BIRTH (mm-dd-yyyy)	4. HOUR AM PM	5. PLACE OF BIRTH IN FULL (City, State, Country)	

THE FOLLOWING ITEMS PERTAIN TO THE NATURAL PARENTS. COMPLETE FOR BOTH FATHER AND MOTHER.

FATHER	ITEM	MOTHER
	6. FULL NAME (Include mother's maiden name)	
	7. DATE OF BIRTH (Month, day, year)	
	8. PLACE OF BIRTH (City, State, Country)	
	9. PRESENT ADDRESS (Street No., City, State)	
	10. ADDRESS IN UNITED STATES (Street No., City, State)	
	11. EVIDENCE OF U.S. CITIZENSHIP IF ALIEN, SHOW NATIONALITY	
FROM (mm-dd-yyyy) TO (mm-dd-yyyy)	12. PRECISE PERIODS OF PHYSICAL PRESENCE IN UNITED STATES (Do not list individual States. Use additional paper, if necessary)	FROM (mm-dd-yyyy) TO (mm-dd-yyyy)
FROM (mm-dd-yyyy) TO (mm-dd-yyyy) BRANCH OF SERVICE	13. PRECISE PERIODS ABROAD IN U.S. ARMED FORCES, IN OTHER U.S. GOVERNMENT EMPLOYMENT, WITH QUALIFYING INTERNATIONAL ORGANIZATION, OR AS DEPENDENT OF SUCH PERSON (Specify)	FROM (mm-dd-yyyy) TO (mm-dd-yyyy) BRANCH OF SERVICE
	14. PREVIOUS MARRIAGES (Show dates and manner of termination of all)	

15. DATE AND PLACE OF PRESENT MARRIAGE (mm-dd-yyyy) (City, State, Country)

B. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICER, NOTARY PUBLIC OR OTHER PERSON QUALIFIED TO ADMINISTER OATH

16. AFFIRMATION: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE
BEST OF MY KNOWLEDGE AND BELIEF.

NAME OF PERSON PROVIDING INFORMATION		SIGNATURE		RELATIONSHIP TO CHILD	
SUBSCRIBED TO: (SEAL)	TYPED NAME AND TITLE OF OFFICIAL	SIGNATURE OF OFFICIAL		CITY	DATE (mm-dd-yyyy)

C. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICE

17. DOCUMENTS PRESENTED:

18. (See upper right corner)

DS-2029
(SSN)
09-2003

* The response time is an estimated average including the time needed to look for, get, and provide the information required. You do not have to provide the information requested if the OMB approval has expired. We would appreciate any comments on the estimated response burdens, and recommendations for reducing them. Please send your comments to A/RPS/DIR, U.S. Department of State, Washington, DC 20520.

U.S. SOCIAL SECURITY ADMINISTRATION APPLICATION FOR SOCIAL SECURITY NUMBER CARD							
COMPLETE ONLY IF APPLICANT HAS NEVER BEFORE APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER CARD AND IS UNDER AGE 5. UNLESS THE REQUESTED INFORMATION IS PROVIDED, WE MAY NOT BE ABLE TO ISSUE A SOCIAL SECURITY NUMBER. PLEASE READ PRIVACY ACT STATEMENT ON REVERSE.							
1. NAME OF CHILD IN FULL (First) (Middle) (Last) TO BE SHOWN ON CARD						2. SEX <input type="checkbox"/> M <input type="checkbox"/> F	
3. DATE OF BIRTH (mm-dd-yyyy)		4. HOUR AM PM	5. PLACE OF BIRTH IN FULL (City, State, Country)			6.	
FATHER'S NAME		7. ← FATHER'S FULL NAME MOTHER'S FULL NAME AT BIRTH →			MOTHER'S NAME		
Father's Social Security Number [][] - [][] - [][][][]		8. ← SOCIAL SECURITY NUMBER →			Mother's Social Security Number [][] - [][] - [][][][]		
9. HAS THE PERSON IN ITEM 1 EVER APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
10. NAME OF CHILD FULL NAME AT BIRTH IF OTHER THAN ABOVE		FIRST FULL MIDDLE NAME LAST					
11. MAILING ADDRESS DO NOT ABBREVIATE		STREET ADDRESS, APT. NO., P.O. BOX, RURAL ROUTE NO. CITY/PROVINCE STATE OR FOREIGN COUNTRY POSTAL/ZIP CODE					
12. RACE/ETHNIC DESCRIPTION (Check one only-Voluntary)		<input type="checkbox"/> Asian, Asian American or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> North American Indian or Alaskan Native <input type="checkbox"/> White (Not Hispanic)					
13. NAME OF PERSON PROVIDING INFORMATION			14. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. SIGNATURE				
16. TODAY'S DATE (mm-dd-yyyy)			15. RELATIONSHIP TO CHILD 17. DAYTIME TELEPHONE NUMBER (Including Area Code)				
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)							
NPN		DOC		NTI		CAN	
PBC		EVI		EVA		EVC	
PRA		NWR		DNR		UNIT	
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE			
				DATE (mm-dd-yyyy)			
				DATE (mm-dd-yyyy)			